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AUTHOR Pings, Vern M.
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ABSTRACT

It was determined that the further development of the Regional Medical Library Program required a more direct relationship with institutions than could be gained through announcements and direct mailings. Thus, since several libraries had shown some success in upgrading of libraries through the employment of medical library consultants, it was decided that each participating library would identify one member of its staff to perform the role of Intramural Coordinator. This paper attempts to identify the role of a new kind of librarian, the medical library consultant, and to define a reporting mechanism so that Kentucky Ohio Michigan Regional Medical Library (KOMRML) extramural coordinators can begin to share experiences constructively for program planning and implementation. The change in function of the medical resource libraries to "public" libraries, the role of state library consultants in extending library services, and the possible activities in which a medical library consultant might engage are examined. (Other papers on KOMRML are available as ED 044 147 through 151 and ED 048 889) (Author/NH)

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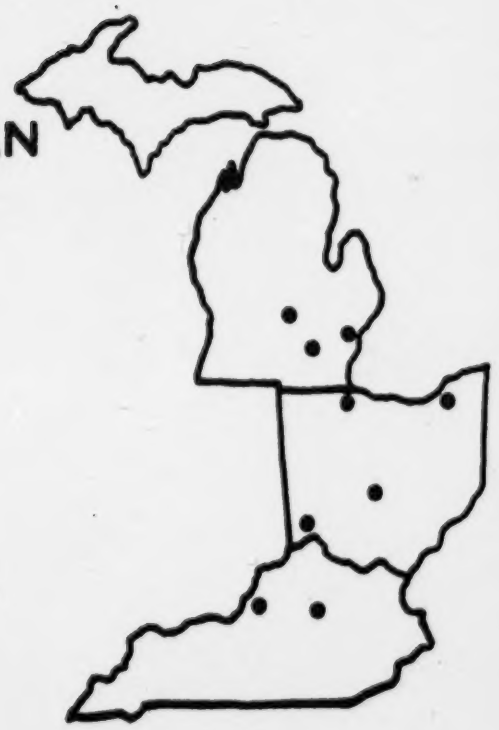

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PAPERS AND REPORTS, NO. 12

The Medical Library Consultant - A Proposal for Investigation and Evaluation*

by
Vern M. Pings

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Detroit
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KOMRML Extramural Program

At the September 1971 KOMRML Executive Committee meeting it was determined that the further development of the Regional Medical Library Program required a more direct relationship with institutions (if participating libraries were to serve as backup libraries) than could be gained through announcements and direct mailings. Since the experience of several participating libraries showed some success in upgrading of libraries through the employment of medical library consultants, it was decided that each participating library would identify some one of its staff to perform the role of extramural coordinator.

In January 1972 the first meeting of the extramural coordinators was held in Detroit. Several conclusions came from this meeting.

1. Extramural coordinators had varied experience in varied programs to improve access to biomedical information through libraries.

2. Although knowledge and expertise were available in each of the participating libraries for setting up "extension" programs, there was no mechanism to permit the sharing of this knowledge and expertise; although the KOMRML Papers and Reports series had recorded some of the efforts and results of extension work, the reports were desultory.

3. The work involved in extending the resources of participating libraries of KOMRML, and those of local libraries, required the concentration of a specialized librarian based at a resource library.

4. Although each participating library would have to work within the constraints of its own resources, more could be accomplished (and in less time) if the extension program development were directed toward the regional objective of establishing a biomedical library network.

5. Some regional approach to reporting and recording experiences was required; a need for searching for common goals and for generalizing experiences was recognized.

6. The separate programs developing at each of the participating libraries could result in conflict rather than a program of mutual support for our separate library organizations; such conflict might prevent the recognition of a need for a specialized

librarian to coordinate and to channel the changes that must be made in our existing library organizations.

This paper is an attempt to identify the role of a new kind of librarian, the medical library consultant, and to define a reporting mechanism so that KOMRML extramural coordinators can begin to share experiences constructively for program planning and implementation. The change in function of our medical resource libraries to "public" libraries, the role of state library consultants in extending library services, and the possible activities in which a medical library consultant might engage are examined.

Social Legislation and the Medical Librarian's Role

From the 19th century to today the movement from individual responsibility to institutional responsibility in the delivery of health care is striking. The way in which the medical profession has gone about preserving its scholarly record has followed a similar pattern. First each physician had to maintain his own library. Both large and small communities of physicians organized into associations which often included the maintenance of a library for the mutual benefit of the members of their association. With the change in the institutionalization of the education of physicians beginning with the 20th century, it has become academic institutions that have extended (rather than take over) the responsibility for preserving the scholarly record. By the middle of the 20th century a whole new complex of institutional responsibilities were defined. The most important is the hospital. It has become the central institution to which the health professional relates. The public has also grown to have new expectations about the hospital as an institution. To some it may appear an exaggeration, but the hospital environment has become the major "consumer" of biomedical information. Unfortunately, the institutionalization of access to biomedical information within hospitals has not grown rapidly.

With the Medical Library Assistance Act and the Regional Medical Programs the availability of biomedical information now became defined as a national need and a new concept of, or at least a new area for, social planning was created. Within a matter of years, the infusion of an idea backed up by funds has altered our biomedical library institutions. The number of resource libraries were few, the number of hospitals were, comparatively speaking, large. The task of making the information available from resource libraries to hospitals required some knowledge about (i) the social organization of library services, (ii) how hospitals were changing, and (iii) what alternatives were available to present practices. Within the past six years many surveys were undertaken to determine the receptivity of biomedical institutions to improved library services and to the establishment of institutional

means to extend the services of resource libraries. (1)

The pattern of development is not the same throughout the nation, but the sequence of events is something like the following:

1. A biomedical resource library surveys the library services available within a geographic area.

2. From the results of the survey, or simultaneously with the survey, a library program is started from the resource library to assist in disseminating information and documents. (2)

3. The resource library assigned staff to act as consultants who would engage in assisting biomedical institutions to equip themselves to exploit service programs emanating from the resource library.

Within a span of six years a new medical librarian specialty was created--the medical librarian extension consultant. Certainly individual medical librarians have acted as consultants for many decades, but what should be observed here is the rapid socialization of this librarianship function. Because the specialized function is only recently recognized as a part of medical librarianship, there is perhaps no way to identify how many individuals are engaging in such activity until a statement can be made what the role of an extension consultant is, but certainly there are more than 100 individual medical librarians employed in resource libraries who spend part of their time or all of their effort acting as consultants. The time compression of the evolution of an institutional mechanism to insure access to biomedical information may mislead us into thinking that the extension-consultant role is unique. The uniqueness lies only in the fact that a librarian speciality is being produced in a specific kind of environment; that is, the user community is discrete both in terms of its information needs and in the institutional setting in which library service

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(1) In the Kentucky, Ohio, Michigan Regional Medical Library area, three extension surveys were undertaken; Pings, V.M. Availability of Hospital Health Science Library Service. Wayne State University School of Medicine. Library Report No. 36, May 1967; Malin, J.E. and Pings, V.M. Availability of Library Service to Osteopathic Physicians in Southeastern Michigan, Wayne State University School of Medicine. Library Report No. 43, May 1968; Hospital Library Planning Data for the Northeastern Ohio Regional Medical Program. Education for Hospital Library Personnel, Interim Report No. 3, Cleveland, Center for Documentation and Communication Research, Aug. 1, 1968; Lorenzi, N. and Pings, V.M. Kentucky Hospital Health Science Libraries, Kentucky, Ohio, Michigan Regional Medical Library, Papers and Reports No. 11, January 1972.

(2) It should be noted that the order may be reversed; that is, a program started and then a survey undertaken. Whether planning data were collected first or after the fact does not alter the argument here that resource libraries all realize a need for data for analysis to define goals and allocate resources.

is provided. Our nation's public and school library organization has undergone a similar kind of development. An examination of the manner in which the extension consultant librarian has become defined in our public library systems might provide those who must make decisions on the growth and organization of our biomedical library complex some alternative courses of action.

The State Library Consultant

State libraries have over the past 80 years accepted common goals and objectives one of which is to provide library consultation for developing service. (3) The tenet that a democracy must have an educated population to function well received its translation into a governmental responsibility with the establishment of our public school system in the early 19th century. The public library movement had its start in the middle of the century. The public library was essentially an adult education institution. Even though authority exists to collect tax funds from almost all governmental units to support libraries, there still exists communities, or parts of communities, without library service. Just as states developed more and more responsibility for equalizing education, library service also became a state concern. During the first three decades of the 19th century many states formed libraries for the use of administrative departments. Using these libraries as a base, the states began to assume the responsibility for library development and "extension" of library services throughout the state. The extension aspects were developed in general ways, (i) through direct financial support to local public libraries, (ii) by supplementing collections of local libraries, (iii) by promoting bibliographic services, (iv) by direct service to individuals who had no access to libraries, (v) through promotion of library service in public schools (vi) by providing services to disadvantaged users including the blind and institutional populations, and finally (vii) by supplying guidance and assistance in the establishment of local libraries. (4) Although the responsibility to serve a consultant role to many individuals and communities as well as to take a leadership role in some communities was a well-established part of state library operations by the 20th century, the responsibility was defined as "library extension". As late as 1944 state libraries had difficulty defining their extension functions, and certainly no distinct group of librarians was singled out as dealing with "extension" problems. (5)

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(3) Monypenny, Phillip. The library functions of the states. Chicago, American Library Association, 1966, pp. 6-12.

(4) Ibid.

(5) Joeckel, C.B. Library extension today, in Joeckel, C.B., ed. Library extension problems and solutions, papers presented before the Library Institute at the University of Chicago, Aug. 21-26, 1944. University of Chicago Press, 1946, pp. 9-24.

The one event that opened up, if not actually identified the role of the consultant, was the Library Assistance Act of 1956 (LSA). The availability of funds allowed the employment of many more consultants. As Monypenny writes in 1966,

> One professional librarian for extension work was, in fact, a standard number in many states prior to the Library Services Act.... Although the data are lacking for a precise statement, it is a reasonable guess that the total number of consultant positions for library development in all state agencies has increased several times since the passage of the Act. (6)

The Office of Education supported a study after the passage of LSA and found that in 1955-56 there were 93 full-time consultants employed in 35 state libraries; an additional eight libraries employed 14 consultants on a part-time basis. Two state libraries reported in this study that their entire professional staff was available for advisory work in their respective specialities. (7) The disposition of their time and with whom these 93 consultants worked can be seen from Table 1.

Table 1

Distribution of Work Load of Library Consultants in 43 State Libraries, 1955-56 *

Number of full-time consultants	93
Per cent of time devoted to field work	
Assistance visits	44
Surveys and studies	19
Number of visits	
Public libraries	4313
Schools	926
Municipal officials	196
State officials	114
Other	832
Number of planned meetings	
On a state-wide basis	337
State offices	97
State library association	145
Other	45

* Source: Morin & Cohen, 1960.

(6) Op. cit. p. 92.

(7) Morin, W. L. and Cohen, N. M. State library extension service; a survey... 1955-56. Washington, Office of Education, 1960.

Ten years later (1965) Long found that there were 242 individuals in state library agencies who devoted at least one-fourth time to consulting activities. (8) In July 1967 Long did a follow-up of her previous study and asked the extension heads of state library agencies to supply the number of consultants on their staff who met the above definition. Responses from all 50 states showed a total of 312 consultants were employed. (9) Quite clearly state library consultants working with an extension unit of the state library were growing in numbers. The state library consultants represented a specialized group of librarians with a distinct role. Nix attempts to define the identity of the consultant in state libraries: The consultant

1. is...a staff member of the state agency staff...

2. ...is a member of a larger group of state employees who work in other departments of government.

3. [works] with the state library association, library training agencies, and other state professional, education, civic and cultural organizations and agencies. (10)

Nix describes the role of the consultant as

1. Leader,

2. Instructor or teacher,

3. High policy advisor,

4. Strategist or co-strategist,

5. Organizer,

6. Safety valve, and

7. Inspiration giver. (11)

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(8) Long, M. A. The state library consultant at work. Research series, No. 6. Springfield, Ill. Illinois State Library, Oct. 1965.

(9) Long, M. A. A reconsideration of the state library consultant at work. In, Garrison, ed., The changing role of state library consultants, report of a conference held at Allerton House... November, 26-29, 1967. University of Illinois. Graduate School of Library Science. Monograph series, No. 9, 1968, pp. 1-13.

(10) Nix, L. The unique role of the library consultant. In, American Library Association. Proceedings of the Institute on State Field Consultant Services, Jan. 24-26, 1958. Chicago, 1959, pp.1-7.

(11) Ibid.

Articles began to appear in library literature extolling in one way or another the life of the state library consultants. (12) The identity of the consultant became so distinct that a conference was held in 1967 with the title "The Changing Role of State Library Consultants". (13) It is not surprising that a conference with such a title should attempt to emphasize the importance of the consultant. Even though consultants apparently have been successful without specific training, one of the conclusions of the conference was that this kind of librarianship specialty should receive its due recognition through the establishment of courses within library schools to prepare individuals to enter this specialty. Indeed in a committee report prepared under a grant from H. W. Wilson Foundation published January 1971 on the Education of State Library Personnel, three of the seven conclusions and recommendations involved consultants.

> ...the greatest immediate need was for the continuing education of "consultants".... This was not to demean or downgrade the need for continuing education of other professional personnel, but rather to emphasize the prime importance of consultants learning to "help" rather than "do" for the client.
>
> If the central concern of the library consultant is to effect change, then he can be more effective if his state library administration understands that role, and participates in the educational process with the consultants.
>
> Although important content to meet the needs of state library personnel can be identified (management techniques, skills of educational programming, and new technology are typical examples), of greatest importance appears to be the need for consultant techniques, especially an understanding of group processes and interpersonal communication skills. (14)

In spite of the growing identity of the state library consultant and the recognition of the importance of the consultant in furthering library service only one study could be found (other than the Morin's and Cohen's "base line study") which reported more than an individu

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(12) For example, Javelin, M. On being a library consultant. Odds & Book Ends, No. 40: 316-317, Fall 1962; Broderick, D. M. The roles of a consultant in a cooperative systems headquarters. Library Trends 13: 342-352, Allen, L. A. Education of the state library consultant. Southeastern Librarian 18:42-48, Spring 1968; Bob, M. And a consultant shall lead them. Library Journal, 94:44-45, Jan.1, 1969.

(13) Garrison, Op. cit.

(14) American Library Association, Association of State Library Agencies, and the Library Education Div., Interdivision Committee on Education of State Library Personnel. Education of State Library Personnel. Chicago, 1971

expression of the value of the work of a consultant or the result of a committee or conference deliberations. Long's study, or rather questionnaire survey, may have significance for the growing medical library consultant specialty not only to distinguish differences, but because of the methodology of describing in quantitative terms the results of a rapid build-up of consultant staffs. The questionnaire sought information about (i) the personal characteristics of consultants, (ii) their choice of librarianship and consulting as a career, (iii) their preparation for their careers, (iv) their functions and activities, (v) their job satisfactions, and (vi) their suggestions for the training and preparation of consultants. (15)

An amazing finding from this questionnaire was that nearly 20% of the consultants had no professional library experience whatsoever before becoming consultants. An even greater percentage had little or no experience at a state library agency before becoming a consultant; that is, 50% of the consultants had been employed by the state library less than three years before becoming consultants. This situation is indeed astonishing in view of the comment of a Director of a state library.

> The group of state library consultants is small... yet the majority of libraries and probably a majority of the population are greatly dependent upon the numbers of this group for initiating public library service, for nurturing it in the absence of professional skills in local libraries, and in some cases, for providing professional administration in local libraries. Perhaps in no other area of library activity can it be said that so many owe so much to so few. (16)

Is the same pattern being repeated in selecting medical library consultants?

What were the factors which led individuals into a consultant career? Long reports "most of the consultants got into consulting by accident and with little or no forethought of entering upon a consulting career.... Consultants in the state library extension agencies, by and large, had not considered consulting as a career but had considered only the merits of a particular position offered or forced on them relative to other library positions held or available at that time".(17) Again, are medical librarian consultants being recruited in the same way as the state library consultants?

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(15) Long. 1965, op.cit.

(16) McClarren, R.R. Introduction. In, Long, Ibid.

(17) Long, 1967, op. cit.

Table 2 reveals what the consultants reported to Long as their activities.

Table 2

Per cent of Time Given by State Library Consultants To Various Activities, and Preferences for Activity *

Activity	No. of Consultants So Engaged **	% of Total Activity		% of Consultant Preferences for Activity	
		Mean	Range	More	Less
Making field visits (including travel)	151	32	1-95	50	3
Advisory work by correspondence	149	14	1-6	6	17
Developing printed aids (manuals, guides, lists)	133	10	1-45	32	11
Conducting workshops and other in-service training	118	11	1-45	43	4
Advising those visiting state agencies	125	7	1-50	?	?
Directing short-term local demonstrations	59	15	1-100	20	10
Conducting local surveys	84	9	1-35	32	2
Teaching in college and universities	7	3	1-5	10	?
Other services	117	27	1-75	14	17

* Source: Long, 1965

** Of 181 respondents

This composite summary cannot be evaluated in any manner without some value statement about what the consultant should accomplish or a more careful examination of the objectives of state library's programs. What is significant is that in almost every area of activity there was an expression by the consultants that they would prefer to re-distribute their time. Is this an expression of lack of time to do the work assigned, a realization of the inadequacies of program planning, or merely personal preference?

From a cursory review of the state-of-the-art of the state library consultant several observations can be made.

1. Although consultants are working and functioning, the responsibilities of the consultant are basically determined by the agency supporting them. Obviously then, the essential content of the information the consultants impart is related to the goals and objectives of their supporting agency. Consultants can operate more effectively if they have the means to help the supporting agency evaluate its operations in light of needs and expectations of their clients.

2. The consultants from state library agencies shared with other governmental consultants a peculiar role in which as representatives of their supporting agency they are in fact creating problems; that is to say, if consultants go to an individual or institution, and if they are to act as change agents, they suggest to someone that something must be done, changed or improved, or else his institution (i) will lose its standing with the consultants' supporting agency, (ii) is failing to accept its full responsibility, or (iii) will not be able to take advantage of governmental assistance offered. (18)

3. Consultants working from an authoritative supporting agency can take one of several postures and function as (i) mere messengers in which they take no active role with either their clients or their supporting agency, (ii) supervisors or monitors to insure that rules, regulations, and procedures are followed, or (iii) implementors and planners of programs. Perhaps the only role that will have significant meaning for society is the third one.

Dalton has attempted to describe this role: The consultant is a staff person in both his supporting agency and to his client institution,

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(18) Monypenny, P. A comparative view of consultants in state government. In, Garrison, op. cit.

> he evaluates the situation and develops a diagnosis, advises in the situation following his evaluation, teaches and serves as a resource person as he works with formal and informal groups, and acts as liaison in keeping channels open and in establishing communication. (19)

4. What is perhaps most striking in reviewing the literature on state library consultants is that even though the work of individual consultants can be described and generalized into statements that can produce tables of percentages, there is no literature describing or reporting a methodology for evaluating the results of the work of a consultant. Quantitative measurement is indirect and accomplishment is described subjectively. Part of this lack of methodology can be explained by the general acceptance of the idea that libraries are an institutional good in themselves and hence any indication of increased size or number of libraries is sufficient justification. Whether the growth of library service is attributable to the work of library consultants does not require any explicit vindication. More important is perhaps the fact that the consultants must work as isolated professionals. Few state agencies have a sufficiently large group of consultants to permit sharing of knowledge to produce a peer evaluation group. The client institutions can make judgments about the personality of consultants, but not necessarily on their technical abilities. Further, because of the small group of consultants scattered across the nation, it is not easy to meet and share experiences except perhaps at national conventions which is hardly conducive to contemplative study. The effect of this isolation and the lack of generalized methodologies makes it difficult to organize educational programs to prepare consultants. Without such definitions it is also difficult for administrators and program planners to select consultants and to evaluate their work.

The state library consultant has been discerned as an important individual in promoting state-wide programs to increase and to improve library service. He represents a government agency that is attempting to further the socialization and institutionalization of library service. His identity rests on the objectives of encompassing state (and federal) agencies.

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(19) Dalton, P. I. Movement toward improvement. In Garrison, op. cit.

The Medical Library Consultant

A sketch of the sudden creation of the medical library consultant was given above. A chart probably could be constructed which showed parallel professional development of the medical library consultant with the state library consultant. Functionally the two "specialists" may have to have similar skills, but what should be emphasized is that the environment in which the medical library consultant works is more restricted and specific.

1. The medical library consultant begins with an institution as compared with his state library counterpart who may have to convince a community of a need to first create the institution in which a library can function. For the most part the medical library consultant must work with hospitals, schools or other agencies whose objectives are already established and convince them (or assist or demonstrate to them) that it is to the institution's self-interest to increase access to the scholarly record.

2. In all but a few cases the medical librarian consultant's supporting institution is an academic medical library. The academic medical library is organized to serve a restricted clientele within a university setting. Its organization, until very recently, had no provision for "extending" its resources except informally to similar kinds of libraries. State libraries at least have a tradition that has had nearly a century of practice to describe its own function as "extending" rather than "delimiting" their purposes. Resources and organizational skills have been acquired and deployed with the concept that it is a state responsibility to "equalize" or at least ameliorate access to literature of our society. Medical resource libraries do not have the tradition. The medical library consultant therefore must react both to his supporting agency as well as to his client institutions.

Because the state library consultants and their supporting agencies have failed to define methodologies for describing and evaluating their contributions does not mean the medical library consultants can follow the same pattern. The time compression of health care extension and the current social pressures on the need for institutional justification demand a better system of accountability than has been developed by state library agencies.

1. Nearly all funding for medical library consultation has come from federal sources. Without some method to summarize the need for the extension of medical library service on a national level, Congress may be reluctant to increase the taxpayer's contribution toward such an objective.

2. Medical resource libraries (and federal agencies) need information to establish priorities on the allocation of their finite resources and to derive practical and achievable programs for change.

3. The medical library consultant must find the means to have his skills incorporated into the national medical library organization. Without this institutionalization of his work of data collecting, analyses, program planning, mere paper exercises may result and at its worst, produce expectations that cannot be delivered much less continued.

Consultant Investigation and Evaluation

Library consultants working from non-profit and governmental agencies belong to a long tradition of specialists who work with individual institutions and agencies in adapting ideas, concepts, and techniques to improve the quality of our lives. The agricultural extension agent is perhaps the most successful. How he achieved his stature as a professional during the past hundred years evolved, from the viewpoint of our present day organized society, in a very unstructured way. A massive organization now exists through which over 15,000 professional workers gain their education and identity. The literature of the agricultural extension professional contains reports, attitudes, techniques, and investigative methods which can be applied to the work of the librarian-consultant. The literature of state library consultants does not reveal that they have been aware they have "reinvented the wheel" nor have they spent much effort on investigative work to evaluate their accomplishments nor have their efforts at reporting and data collecting been analyzed in any systematic way to suggest approaches for continued program development. How does one go about establishing a method for program development?

To reiterate: The medical library consultant has the task of being a change agent. His goal is to change the behavior of institutions to take advantage of the techniques available to identify and disseminate information. Although we are concerned about institutional behavior, an institution is, after all, an abstraction. It is the individual whose behavior has to be changed. What the medical library consultant does then is to teach and to inform individuals. What techniques have extension workers in other fields developed which can be used by the medical library consultant to provide learning experiences

in which people learn-by-doing in their own environments? (20)

1. Visits. The medical library consultant goes to individuals (in their institutional setting) and engages in an informal face-to-face conversation where information is exchanged and discussed. Not all visits have the same objective and purpose; there are

   (i) Get-acquainted visits in which the consultant explores both the personal and material situation,

   (ii) The technical visits in which the consultant provides a correct answer to a specific problem or provides a judgment or assessment of a situation, or

   (iii) Organizational visits in which an effort is made to improve or enlarge the channels for extending information.

2. "Office contact". This is the reverse of the visit--individuals contact the consultant in his environment to gain information by (i) seeing him in his office, (ii) making a phone call, or (iii) writing to him.

3. Demonstration. In general there are two kinds of demonstrations, (i) those which show the results and consequences of engaging in a particular practice, and (ii) those which show or tell how something is done.

4. Meetings. As used here, the meeting is an "institutionalized" visit. Obviously, there are many ways in which meetings can be held, but their primary function is to get a group of people together with like problems and concerns so that there is a transfer of information (and an educational experience) not only between the consultant to his clients but among his clients.

5. Tours. Tours are often considered a social event rather than an educational experience; yet they certainly are a common technique used by extension workers frequently as part of a meeting. Agricultural extension workers have been organizing tours and "field days" for decades, but no formal study has been directed to the evaluation of these "events". (21)

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(20) The listing here is taken from Sanders, H. C. The cooperative extension service. Prentice-Hall, 1966, pp.111-250.

(21) cf. Poorbaugh, H. J. Tours and field days, Ibid, pp.152-160.

6. Special Interest Group Meetings. Many names have been applied to intensive instruction in specific areas, for example, workshops, clinics, institutes, seminars, short courses. Perhaps distinctions could be made among these various names by ascribing a particular teaching method to each one; however, it is not the method of instruction that is all important, but how it is used to obtain defined objectives.(22)

7. Exhibits. The task of designing displays that (i) teach significant facts, (ii) show a new and worthwhile process, (iii) promote something of significance, or (iv) gain recognition for an accomplishment or idea has developed into a specialized art.

8. Publicity. Newsletters, news stories, bulletins, circulars, direct mailing are a technique that has specific uses for a consultant.

9. Communication Technology has provided many devices that can be used for educational purposes and conveying information, audio tapes, videotapes, dial access, computer-assisted instruction, etc.

This obvious listing of techniques that the medical library consultants can use to bring about changes in behavior in individuals who then will bring about improvements in their institutional settings shows limitations. If investigations and evaluations are going to be done on and by the medical library consultant, the number of areas of activity are circumscribed. It may not be possible at our present stage of development in social research to measure effectiveness of the techniques, but they can be described quantitatively. There are three general types of studies that can be undertaken by the medical library consultant.

1. Studies of Situations. Such studies are concerned with the needs of institutions and the social and economic conditions in which they must operate; that is to say, what is the situation in which the consultant is to bring about change.

2. Studies of Changes in Attitudes, Knowledge, and Behavior of People. These studies should be designed to measure or evaluate the effects of the consultants' activities and methods. If studies of situations are done first, and then followed by a planned program, the task of measuring change is usually simpler.

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(22) For example, see Grayson, L. P. Costs, benefits, effectiveness: challenge to educational technology. Science 175:1216-22, 17 March 1972.

3. Studies of the Consultant Organizations. The medical library consultant in most cases as yet works by himself, nevertheless he must relate to his parent organization. These studies therefore are directed toward judging policies, organization, operation, costs, and the behavior of the consultant himself.

Changes, even minor procedural ones, involve values. The consultant must be concerned with getting people (and their institutions) to make changes. If this is not his objective, his only function would be as an observer figurehead. Changes require decisions be made and every decision in the context of library service is a choice among alternatives. Any decision made results in the conclusion that one alternative is more important or better than another. Since each alternative has a set of values attached to it, investigation and evaluation of the work of medical library consultants cannot produce results and conclusions which are absolute. This need not be a deterrent to systematic study.

There are several perspectives from which it is possible to make measurements of progress (that is, change) in the environment in which the medical library consultant works. The information can only be acquired by asking for it either through some regular reporting mechanisms, a questionnaire, or by observation. Some of the devices that can be used to make measurements are as follows:

1. Value scales are used to determine what people think are important or best.

2. Attitude scales attempt to show how people feel toward things, whether they are for or against some situation.

3. Opinion polls try to assess what a group of people "feel" or think about a situation.

4. Knowledge and comprehension tests are the end product of almost every formal educational experience: when it is important to find out whether a person understands or can apply knowledge, then some kind of comprehension test must be used.

5. Interest checks are used to find out what people prefer to do within a given framework.

6. Skill and performance ratings can be used to determine the potential to accomplish a stated objective; this can be applied to both individuals and institutions.

7. Adoption of practices count can be used to find out if certain things are being done, by whom, how many, and how often.

8. Case histories are useful in gaining a comprehension of a situation on a comparative basis.

Any of these approaches to be effective must meet the requirements of any systematic study (i) validity, (ii) reliability, (iii) objectivity, (iv) practicality, and (v) simplicity.

This almost textbook listing of techniques, devices, and approaches to investigation and evaluation was undertaken as a background to present a protocol for medical library consultants to gather data. Investigation at this stage of development of the "extension" work of medical library systems will have to be done inductively. Any hypothesis testing would require such a massive study design that it would require a group of researchers who are not themselves actively engaged in the extension work.

Proposed Protocol for Investigation and Evaluation

The situation confronting the medical library consultant is that for the most part he must work alone; that is, his work is not shared by others. Because of his isolation he must, in some way, not only measure his own contributions, but at the same time produce evidence that changes have been brought about and that the resulting changes are improvements. Without some means of measuring in all three areas, his position is tenuous and can only be explained or justified through intuitive arguments and testimonials. Planning a simultaneous investigative and evaluative program of this magnitude requires that certain constraints be recognized.

1. Because of his work load, the consultant can only gather data about his own activities, he cannot be expected to do social research independently of his own activities.

2. Although the consultant works with individuals, it is the effect on the institutionalization of library service that has to be measured.

3. As a change agent, the consultant can only expect tangible results if measured over a period of time.

4. Ideally, measurements to determine change should be made at regular intervals; again because of time pressures, the consultant can only record or gather data when it is convenient in his work routines.

5. Much of what the consultant does to effect change is countable or recordable but once, that is, since the consultant is expected to cause changes in attitudes, there is no way to determine such changes except through some questionnaire or interview technique in which the respondent is expected to "recall" his own

attitudes; to gain data of this kind would require an investigative effort far beyond the time available to the consultant. Any "count" made can only show change if cumulated over time.

6. Although it is possible to make measurements of change in the environment in which the consultant works, the only way to determine if the changes are "good" or relevant is to be able to compare them against some standard, or if no standard exists, then against some other similar environment. Thus, some commonly agreed upon method and kind of data to be collected must pertain or else comparisons cannot be made.

The conditions under which the medical library consultant must work as described above are not unique in our institutional development. For example, a need to improve the mental health facilities in New Mexico was recognized and one aspect of a program started was to have a "resource person in mental health who would live and work in a local district, and the definition of his role as a consultant rather than a practitioner were [sic] quite similar to the county 'ag' agent".(23) A two-year investigative program was undertaken with four consultants assigned to four areas within New Mexico. Although this program had an "attached" research staff in which many aspects of the mental health facilities in New Mexico were studied, the part of the inquiry which is of direct concern here was the formulation of a protocol which allowed the mental health consultants to report succinctly their daily interactions with people of their districts. A system of reporting in a daily log form was developed that would not consume too much of the consultant's time, but provided comprehensive data on consultant activities.

The Daily Log form included the following categories for every contact the consultant made: the name of the consultant, the agency or person contacted, the date and place of the consultant's contact, whether the consultant was along or collaborated with someone (whose name and role were specified) during the contact, the expected purpose of the contact, by whom it was initiated, the type of contact (whether telephone, letter, or face-to-face), the content of the contact, the emotional tone or atmosphere of the contact as judged by the consultant (whether positive, neutral, negative, or uncertain), whether in the opinion of the consultant

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(23) Griffith, C.R. and Libo, L.M. Mental health consultants, agents of community change. Jossey-Bass, Inc., 1968, p.3.

> the goal of the contact was achieved, the disposition of next steps, and, finally, an entry indicating whether the consultant planned to submit a more detailed report on the contract by means of a tape or transcript. These categories were the column headings on a printed form each consultant kept with him and used for entries throughout the day. (24)

What is reported in the daily log by medical library consultants will be somewhat different from that of the New Mexico mental health consultant, but it is easily modified to produce data relating to local and regional library service. If added to this daily log there is (i) a regular report of local developments that did not involve the consultants themselves (which would be reported in the daily log) and (ii) a file for each institution within the medical library consultant's area which recorded changes in each institutions' library in the descriptive format designed by Lorenzi (25), it will be possible for consultants to monitor their own programs as well as to provide data for analysis on a regional basis.

An investigative and evaluation plan which requires as much recording of subjective data as proposed here may seem a threat to consultants. However, the only way to place the program on a sound footing is to be able to justify activity. A consultant who is unwilling to have his activities scrutinized is probably unequipped to be a consultant. Judgments on the "success" of any consultant cannot be based on a month's, or perhaps even a year's activity. Institutional change is a slow process. One of the most difficult aspects of a consultant's work to explain is the emotional effort that must be invested. Single counts do not have analytical value. There is no way to assess in a consultant-client situation just what has happened nor what may result months later. For example, a consultant may talk with many individuals over a period of months. Individuals who initially appear negative may eventually become leaders, but this leadership may be revealed after the consultant has abandoned his efforts to persuade the individuals to take action. There is no way with our present techniques in human relations to define exact steps a consultant can take to insure that a community will alter its perspective and priorities to accept the objectives and goals the consultant is promulgating. Each community has evolved a complex set of interrelationships; the consultant who is sensitive to these relationships may have to try various techniques before results can be observed. Judgments of the consultant's contribution to a community will have to remain (judging from the literature of other consultant fields) a highly subjective enterprise.

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(24) Ibid, p.34

(25) Lorenzi, N. Hospital libraries, a method for surveying for the Ohio Valley Regional Medical Program. KOMRML Papers and Reports, No. 4. Detroit, February 1970

Examining the guide for the content of the daily log record in Appendix I, the kinds of information that can be analyzed is diverse. The proposed daily log to be prepared by consultants in KOMRML are personal documents (See example, Appendix II) and would have to remain so unless a special investigative program could be formulated. The daily log would therefore be the "laboratory notes" which the individual consultants could use to follow their own progress as well as to be a source for reporting program activity.

Recommendations

Recognizing (i) that each of the KOMRML participating libraries has had an extramural program even before the establishment of the regional library and (ii) that each KOMRML participating library has perforce expanded this program, it is recommended those individuals engaged in any aspect of consulting and advising that promotes the formation of a regional biomedical library network should maintain a daily log of activities reporting the aspects of such activity as listed in the Appendix I. A quarterly report should be compiled from this daily log and submitted to the KOMRML central office for summarization. This summary report should therefore reveal the relative kind of extramural activity undertaken throughout KOMRML and should provide a basis for further planning of an extramural program.

APPENDIX I

Guide for daily log reporting*

I. Interaction of consultant

A. Initiation of contact

1. by consultation
2. by client
3. by mutual agreement
4. by third party

B. Type of contact

1. Telephone
2. Letter
3. Face to face

C. Location of face to face contact

1. Client's institution
2. Consultant's institution
3. Other

D. Type of institution with which client is associated

1. Resource library
2. Hospital (includes government)
3. Industrial
4. Government (federal, state, municipal)
5. Educational
6. Foundation
7. Public library
8. Professional society
9. No affiliation
10. Other

E. Tone or emotional atmosphere of contact (as judged by consultant)

1. Positive
2. Negative
3. Neutral
4. Unknown

F. Duration of contact. (Give time for each individual contacted; that is, more than one individual may be contacted during a visit to an institution.)

1. Actual time

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* Derived from Griffith, C.R. and Libo, L.M. Mental health consultants. Jossey-Baco, Inc., 1968

G. Consultant's goal attained (judged by consultant)

1. Better than expected
2. Attained
3. Not attained
4. Unknown

H. Client's request met (judged by consultant)

1. Consultant complied with clients' requests
2. Consultant complied with part of client's requests
3. Consultant did not comply with any of client's requests
4. Consultant changed the nature of the requested service
5. No request made or unknown

I. Referral of client to other source

1. Directed client to other staff of resource library
2. Directed client to another library or practitioner
3. Directed client to another agency
4. No referral made

J. Duration of consultant-client contact

1. Part of a continuous (scheduled) consultation
2. Part of an intermittent consultation
3. Expectation of further contact
4. No further contact expected

K. Responsibility for further action

1. Consultant's
2. Client's
3. Both
4. Third party

II. Materials used during (or sent subsequent) to the contact

1. Survey questionnaire
2. Brochures
3. Procedure manuals
4. Accreditation standards
5. Workshop materials
6. Daily log

III. Content of interaction. The following categories classify the activities that the consultant might pursue in his contact with an agency, organization, or practitioner (librarian, administration, nurse, etc.). While each contact generally has a primary focus, it

is obvious that any one contact may be diffuse and several activities are going on at the same time. Thus all categories should be reported in the daily log for each contact. Reporting all communication activities becomes important if program development is to be reviewed over time. For example, if a workshop is to be set up the sequence of events might be something like the following, (i) idea suggestion by the consultant to an appropriate group of librarians, (ii) a planning stage in which the consultant and potential attendees of the workshop or outside librarians design the means and content of the workshop, (iii) an implementing stage in which arrangements are made for financing, meeting places, and collection of materials, (iv) an operating stage, that is, the workshop itself, (v) a post-workshop stage during which the consultant, or organizers of the workshop, or attendees evaluate the results and plan for continuing collaboration. All stages of the development and completion of the workshop could, if desired, be brought together from the separate entries of daily log permitting a description and analysis of the entire episode.

1. Getting acquainted and establishing rapport

   This category is used to designate all initial contacts of the consultant with agencies, organizations, and practitioners. Later contacts which have no specific focus may also be reported here as for example, meeting a client at regularly scheduled meetings or participation in some other group activity.

2. Becoming visible as a resource person

   Used to apply to situations where consultant only has brief contact with an agency, organization or practitioner.

3. Expediting interlibrary communication, referrals and areawide coordination of services

   Used to designate situations in which the consultant is instrumental in increasing interrelations among agencies, organizations and practitioners, for example, referral of problems, provide information about personnel and facilities, may collaborate in the formation of an organization as interagency committee.

4. Technical consultation

   Refers to the situation in which consultant is using professional knowledge to aid in problem solving in a particular case; the responsibility for action lies with the client.

5. Promoting biomedical network development

This category covers the situation in which the consultants fulfill a speaking engagement, distributes literature, prepares or mans exhibits, preparation of publicity, etc.

6. Aiding in the development of biomedical library services and programs

This category designates the situations in which the consultant is assisting in the organization, rebuilding, stabilizing library facilities, planning new facilities, etc.

7. Providing direct services

This category refers to the situation in which the consultant is involved directly in assisting an agency or practitioner in establishing procedures, programs, and services.

8. Conducting education and training programs

Applies to the situations in which the consultant conducts programs of in-service training in specific environments or through workshops,seminars, tours, etc. to develop greater awareness or to improve skills and knowledge of library personnel and other health professionals.

9. Administrative detail and communication

Covers the situations in which the consultant is involved with intra-agency problems, for example, communicating with resource libraries, attending meetings, preparing reports that relate to consultant's area or in which the consultant himself is a member of a workshop, institute, or seminar to develop his own skills and knowledge.

10. Conducting administrative, program, and organizational consultation

This category is to cover situations not designated in categories 3 and 6 in which the consultant is aiding agencies, organizations, and practitioners in organizing investigative and survey projects, selecting personnel, interpreting guidelines and standards, etc.

APPENDIX II

Sample of Daily Log Entries

Feb. 29. Visited M. R. (C.P. Hosp.) today. Not certain she recognized me at first, but was very friendly. Did not introduce me to her staff. We saw the library which is well stacked with books, journals and audio-visual tapes. They are crowded, but waiting to move. We went to the Coffee Shop to talk. I told her about the program. She seemed most interested in giving any assistance she could. I said I wanted her support as the President of the state association. She gave me the name of the Chairman of the Southeastern Group and invited me to attend their local meeting in March. We also planned temporarily for a library workshop at their annual state meeting in September.

Feb. 29. Contacted G.M. (M. Hosp.) by phone. She had sent a response to our exchange list and I took the opportunity of inviting myself there. Was not successful this day, but have an open invitation. G.M. is intelligent, evidently working full time, and we gave her a truck load of material. An exchange list is a very good way of getting an invitation to visit. Must remember.

Mar. 1. Called L.R. and made a date for March 7 at 3:00 p.m. She is friendly and wanted to know if she should prepare anything. I told her our first meeting should be just getting acquainted.

Mar. 7. Went to S.M. Hospital this afternoon. M.C., L.R., and one of the recent graduates and myself met in M.C.'s office (very nice one). L.R. teaches the library course. I explained some of the history of the program, where we are now in Detroit and my interest in their educational program. I told them I would like the students to come to Shiffman rather than my coming to their class. This pleased them. They have library science right after Labor Day - 16 hrs; six are for lectures and 10 for field work. L.R. gave me an outline of her course lecture, and it contains much about the history of medical librarianship and the associations. I voiced my opinion that we medical librarians in the hospitals should coordinate our thinking about the field experience and see that it is quite practical. It was suggested that the local chairman might give me a list of persons who may be interested in the seminars and workshops. We can place them on the mailing list.

Mar. 13. Went to the school today to see A.M. She is very young and helped get things started by mentioning that there is quite a bit of interest in the program. As I gather, the students spend much of their time at the hospitals and accent is on practical things. I agreed this went right along with what I felt our program had in mind. We talked of the possibility of the students coming to Shiffman and we both agreed that late in their sophomore year is probably best. She has already mentioned my coming to the students and they appear excited. I think perhaps because they are eager to learn of all the possible kinds of work they might do. She said I could "recruit them if I wish", so perhaps she is secure in her own job or quite a flexible person and wants the best for her students. She spoke of wanting quality education and somehow inferred it was still within the institutions of the inner city. Several of the students are at inner city hospitals. I stayed about one-half hour and we left it that I would work out further plans and keep in contact with her.

Mar. 14. Went to the local meeting at 2:00 p.m., found S.T., who has lots of spunk. She put me on the agenda as "New business". The meeting was well organized. I gave my little speech and stayed for the rest of the program. The person from T.C. Hospital approached me and made a plea for help for the person taking care of the library. Must call her. The lady from R. Hospital wants some information on what to begin with to build a collection. She mentioned they met the Joint Commissions standards this time, but who knows about the future. The hospital will later merge with another and move to the suburbs. I have some things to send her, but also asked if I could come out. Always ask for an invitation to visit.

Mar. 15. Sent out 20 memos to possible new members for the Selected List. Wrote notes on the bottom of the memo to those I know, hoping to make a more one-to-one contact. Looked over some materials for the lady at R. Hospital. Received the list of "inactive" health agencies and it is appalling. Must get a map so I can watch the inactive turn active -- if they ever do.

Mar. 24. A library student, interested in medicine, came to visit this morning. She will finish this spring. Jobs are scarce. I expounded on my ideas for coupling several hospital jobs. Hospitals are now paying for part-time untrained help and should be encouraged to pool their resources and investigate the possibility of getting professional help. The program can be of help here. She promised to let me know of any contacts made. L.M. is getting the community up-tight and violating rules. Evidently, does not understand the network. I must go out and explain before she gets in trouble.